Buffalo County Health Department 407 South Second Street P.O. Box 517 Alma WI 54610-0517



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Buffalo County Health Department

Prevent. Promote. Protect.

License Application - Retail Food Establishment - Serving Meals Wis. Stat. § 97.30

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ESTABLISHMENT/DBA INFORMATION:														
ESTABLISHMENT/D	COUNT					TY:								
ESTABLISHMENT S	CITY:							STATE:	ZIP:					
EMAIL ADDRESS:						ES'	TABLISHME	ENT PHON		ER: S				
Choose One: [oose One:				ion or Remodel;					isting Facility				
LEGAL ENTITY INFORMATION – CHECK ONE														
☐ Individual ☐ Married Couple		ouple	☐ Limited Liability Company (LL0			☐ Limited Liability Partners				p (LLP)			ion	
☐ Cooperative ☐ Partnership ☐ Limited Pa			☐ Limited Partners	ership (LP)			In what state is your entity req							
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.): COUNTY:														
LEGAL ENTITY MAILING ADDRESS:					CITY:					STATE:	ZIP:			
EMAIL ADDRESS:						LE(GAL ENTITY	Y PHONE I	JUMBER	:				
CONTACT INFORMATION														
CONTACT PERSON: TITLE:				PHONE NUMBER: EMAIL () -				EMAIL ADDR	L ADDRESS:					
LICENSE FEES – Select one based on the permit category worksheet														
☐ Prepacked TCS Food – Total Fee \$235 (\$105 Annual License Fee + \$130 One Time Pre-Licensing Fee)														
☐ Simple – Total Fee \$550 (\$230 Annual License Fee + \$320 One Time Pre-Licensing Fee)														
☐ Moderate - Total Fee \$800 (\$330 Annual License Fee + \$470 One Time Pre-Licensing Fee)														
☐ Complex – Total Fee \$1310 (\$540 Annual License Fee + \$770 One Time Pre-Licensing Fee)														
Total Amount E		Check Number:												

Please read carefully before signing

Information requested on this application must be provided to obtain a retail food establishment license. Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1) (m)). Operating without a license is a violation of Wisconsin Law. If you have been operating without a license, you will be required to pay an operating without a license fee in addition to the license fee. Licenses are not transferable between persons or locations. Licenses expire annually on June 30; unless issued after April 1, which will expire on June 30th of the following year. The license fee is not prorated for partial license years. The Department may inspect premises at any reasonable time. Missing information may delay the issuance of your license. You are not licensed to operate until the department conducts an inspection. The undersigned hereby certifies that this is a true, complete and accurate application for the Retail Food Establishment license under Wis. Stat. § 97.30.

SIGNATURE OF APPLICANT:	DATE SIGNED:

Within 30 days after receiving a complete application for a license, the department or its agent shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department or its agent shall give the applicant reasons, in writing, for the denial. A license shall not be issued to an operator without prior inspection.

Please mail application and payment to: Buffalo County Health Department 407 S 2nd St. PO Box 517 Alma, WI 54610

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